

CONFIDENTIAL RECORD Pursuant to IC 22-4-19-6, IC 4-1-6

Indianapolis, IN 46204

Tax Rate _____

	Interest: One percent (1%) per month x a	b
	Penalty: Ten percent (10%) on contribution x a	c.
	Total Amount due to IDWD a + b + c = d	d.

Signature

*** Please See Reverse Side For Instructions ***

TOTAL

INSTRUCTIONS FOR AMENDED REPORTS

For UC-1:

1. Please fill in each heading line correctly. Failure to comply with this request may result in additional assessment of interest and penalty.
2. If you claim overpayment, no interest or penalty assessment is required. If you request a refund check on your overpayment, please write a refund request in space labeled Reason for Adjustment.
3. Please review all figures, calculations and sign the form before mailing. If you need assistance, please call Employer Adjustments at (317) 233-4083 or FAX (317) 232-6950.
4. Keep a copy for your records and send the original copy with signature and remittance (if required) to:

Attn: Employer Adjustments, Rm SE 106
Indiana Dept. of Workforce Development
10 N. Senate Avenue
Indianapolis, IN 46204-2277

For UC-5A:

1. List only the employee or employees whose gross wages differ from the original report.
2. The total of column UC-5A is to equal the difference of UC-1 Gross Wages. Should the amount disagree, explain in a note why the difference.

EXAMPLE: The UC-1 was submitted correctly, however an employee's wages were omitted.

3. To change an incorrect Social Security Number, please list the reported Social Security Number and gross wages on one line and then submit the correct Social Security Number and gross wages on a second line.